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ABSTRACT

The Preparation of Personnel To Provide Special Education and Related Service to Newborn and Infant Handicapped Children program of the University of Vermont offered interdisciplinary preservice programs to train Early Intervention Specialists at either the Master's level (36 credit hours) or the Certificate of Advanced Study level (30 credit hours). The training program prepared students to provide individualized, family-centered intervention services for newborns and infants who are at-risk or experience identified disabilities and their families; to implement individualized, family-centered services across hospital, home, and community settings; and to work with other agencies and disciplines to establish, coordinate, and evaluate comprehensive, interagency, interdisciplinary, early intervention service delivery systems with Vermont's rural communities. This final report describes practicum experiences, coursework, project accomplishments, and impact of training program activities beyond the university setting. A practicum manual is included in an appendix; this manual contains information about practicum sites, confidentiality agreements and other agreements, outlines for several practicum activities, grading procedures and evaluations, and an individual planning and progress chart. Other appendices contain sample program evaluation forms, consultation experience and family-based practicum outlines, and early intervention specialist competencies. (JDD)

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84.029Q

PREPARATION OF PERSONNEL TO PROVIDE
SPECIAL EDUCATION AND RELATED SERVICES TO NEWBORN AND
INFANT CHILDREN WITH HANDICAPS

PREPARING EARLY INTERVENTION SPECIALIST TO SERVICE NEWBORN AND INFANT CHILDREN AT RISK OR WITH IDENTIFIED HANDICAPS AND THEIR FAMILIES WITHIN RURAL VERMONT

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FINAL REPORT

JULY 1991

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FINAL REPORT

Preparation of Personnel to Provide Special Education and Related Services to Newborn and Handicapped Children
84.029Q

I. INTRODUCTION

This is the final report for 84.029Q Preparation of Personnel to Provide Special Education and Related Service to Newborn and Infant Handicapped Children, Grant Number H029Q80024. This project offered both a 36 credit hour interdisciplinary preservice program to train Early Intervention Specialists (EISs) at the M.Ed level and a 30 credit hour Certificate of Advanced Study (sixth year C.A.S.) level to serve newborn and infants at risk or with identified handicaps, and their families. Upon completion of the training program students were prepared to: 1) provide individualized, family-centered intervention services for newborn and infants who are at-risk or experience identified disabilities and their families; 2) implement individualized, family-centered services across hospital, home, and community settings; and 3) work with other agencies and disciplines to establish, coordinate, and evaluate comprehensive, interagency, interdisciplinary, early intervention service delivery systems with Vermont's rural communities.

II. PROGRAM OBJECTIVE

To prepare 5 to 10 master's or C.A.S. level Early Intervention Specialists to meet the need for highly trained professionals who can facilitate, implement, and coordinate the delivery of services for newborn and infants at risk or with identified disabilities and their families in Vermont.

III TRAINING PROGRAM

A. Program Overview

The preservice training program was designed to accommodate both full- and part-time students. Full-time students enrolled in 12 credit hours of coursework and practicum during the fall and spring semesters and 6 credit hours in each of two summers. Since part-time students' were typically working full-time in an early intervention program, coursework and practicum schedules were designed to accommodate their job responsibilities.

Practicum Experiences

Each student's practicum experience was comprised of at least **three components**. The **first component** provided students with an opportunity to work with a program that provided early intervention services to eligible infants and toddlers and their families. Through this experience students developed skills related to: assessment, program planning, transition planning, IFSP/IEP development, and the provision of family-centered services. The **second component**, a family-based practicum experience, was designed and implemented in collaboration with Parent-to-Parent of Vermont. This experience provided students with an in-depth experience with a family of a child with a chronic illness or disability. Students provided support services that were responsive to family identifies needs. It was through this experience that students acquired an understanding of the elements of a family-centered approach and demonstrated a working knowledge of ways in which existing systems and policies can become more responsive to family needs and priorities. The **final component** of the practicum experience was participation on a regional **L**ocal **I**nteragency **N**etwork of **C**ommunity **S**upport (**LINCS**) team. **LINCS** teams were established in each of 13 regions in the state of Vermont to address the development of the comprehensive, coordinated, interagency, family-centered system outlined in Part H of PL 99-457. Each student completed a year long practicum experience on the **LINCS** team located in their region of the state. Students were expected to participate in the development,

implementation, and evaluation of a written regional plan for the development of a comprehensive, interagency, service delivery system for families of eligible infants and toddlers.

Coursework

Students were enrolled in coursework offered by The Center for Developmental Disabilities, Special Education, Social Work, Early Childhood, Communication Science and Disorders, and Foundational Studies. Students' coursework was individually designed to extend and supplement their practicum experiences and insure that they developed identified program competencies. Program competencies were arranged in 10 Early Intervention Specialist (EIS) competency clusters including: Infant Development, Early Intervention Service Delivery, Curriculum for Early Intervention, Individualized Family Service Plan, Child Find and Community Awareness, Assessment, Family Ecosystems, Technical Assistance/Consultation/Training, Case Management and Transdisciplinary Team Building, Social Policy and Administration of Early Intervention Programs. Competencies were derived from the research literature, proposed Vermont certification standards, and the experience of project faculty.

B. Project Accomplishments

Recruitment of Students

During the three year project period, students representing the disciplines of early childhood, special education, nursing, occupational and physical therapy, and speech and language pathology have enrolled in the program. To date five students have completed the program and are currently working with infants and toddlers and their families in a variety of early intervention settings. It is anticipated that five part-time students will complete the program in May. Two of these students will be supported this summer with carry over funds the other three will receive support from their employers to complete their programs. Two students withdrew from the program, one due to changes in career goals, a second due to an inability to complete program requirements. The chart below provides student

information relative to disciplines represented, job placements, and current status.

Student	Discipline	Status	Employment
A	O.T.	Graduate	O.T. in Early Inter. Prog.
B	E.C.S.E.	Graduate	Parent-Child Center
C	Nursing	Graduate	Public School Nurse
D	E.C.S.E.	Graduate	Public School E.I. Prog.
E	P.T.	Withdrew	
F	E.C.S.E.	Part-time	E.I. Program Coord.
G	E.C.S.E.	Graduate	ARC Early Interv. Prog. Admin.
H	E.C.S.E.	Withdrew	
I	Spec. Ed.	Part-time	Regional Integration Spec.
J	O.T.	Part-time	Occupational Therapy Assoc.
K	Speech/Lang.	Part-time	Public School E.I. Program
L	Early Child.	Part-time	Completing Practicum

Program Evaluation

Both formative and summative evaluation were used to evaluate existing program activities and set direction for program change. Specifically, four types of formative evaluation data were collected: course evaluation, practicum evaluation, and advisor and practicum supervisor evaluation. In addition, summative evaluation objectives were addressed by asking students to complete Student Evaluation of the Overall Program forms at the time of graduation (following their orals). In addition students were asked to evaluate the extent to which the training program provided opportunities for them to develop competence relative to the provision of family-centered, community-based services. Examples of program evaluation forms can be found in Appendix A.

Impact of Evaluation Data on Program Design

Evaluation data had a pervasive and significant impact on the program design. This impact can best be discussed relative to components of the practicum experience and the design and implementation of two courses.

Practicum Experience:

During the three year project period a practicum manual outlining the components of the EIS practicum experience was designed and revised twice. The practicum experience, as outlined in the manual, is designed to ensure that students will develop the identified program competencies. In order to accomplished this goal, students were required to demonstrate competence through the successful completion of the following practica experiences:

a). Instructional Programs. Each student was required to develop, implement, and evaluation **two** instructional program plans for helping an individual (parents, child, childcare worker, related service provider) acquire a new skill or behavior. The content of the instructional program had to be related to an outcome identified by the early intervention team and included on the family's IFSP.

b). Transition Planning. Each student was required to participate in planning and facilitating the transition of a child/family to a new service delivery setting. Students ensured that family goals for the transition process as well as their criteria for selecting the next setting directed all transition related activities.

c). Community-Based Consultation. Students were required to consult with and assist others in the development, implementation, and evaluation of an "intervention" program within a community-based early childhood setting. The goals and design of this relationship was directed by the outcomes identified on the IFSP and were determined in collaboration with the child's family and the community setting staff.

d). Comprehensive Evaluation. Each student was required to design, implement, and evaluate **two** comprehensive evaluations. Evaluation plans were to be designed in collaboration with the family and the early intervention team, and answers to the questions addressed in the plan must provide the information necessary to develop an IFSP.

e). IFSPs. Each student was required to develop a minimum of **six** IFSPs. All IFSPs were completed in collaboration with families and other service providers. In addition, students were required to assume the service coordinator's role for at least one IFSP.

1) two IFSP's must be developed with the family of an infant/toddler involved in a comprehensive evaluation.

2) one IFSP must be developed with a family of an infant/toddler who was transitioning from one setting to another.

3) one IFSP was be developed with a family whose infant/toddler was receiving services in a mainstream, community-based setting.

4) two IFSPs were developed with families of infants/toddlers for whom an instructional program was being developed.

f) LINCS Team. Each student was required to participate as a member of a regional LINCS team to develop, implement, and evaluation a written regional plan for the development of a comprehensive, interagency, service delivery system for families of eligible infants and toddlers.

g) Child Find. Each student was required to participate in and evaluate the child find activities of a participating educational site. Students were required to assume responsibilities related to community awareness, referral process, and screening.

Feedback from students has led to the design of one additional practicum experience a **Case Study with the Family of a Child with Multihandicapping Conditions.** This component, requiring each student to participate as a member of an interdisciplinary team for an infant or toddler

who meets multiple disabilities eligibility criteria under Vermont regulations will be incorporated into the training program beginning in Fall 1991 (if funding allows). The extent and nature of the activities involved in this case study will be determined by the family's team and will be documented in the form of a year-long IFSP and a number of related short-term action plans.

These practicum components were designed to simulate activities graduates would encounter in rural early childhood special education. Specific requirements for each component are outlined in the practicum manual included in Appendix B.

Two additional practicum components, **Consultation from an Early Childhood Perspective** and a **Family-Based Experience** were developed and incorporated into program requirements. The former was developed the in Fall of 1990, the later in Fall of 1988. The on-site consultation experience was added to the program to address issues related to the provision of early intervention services in mainstream childcare settings. A faculty member from the Early Childhood and Human Development Program, Department of Human Development Services, joined the early intervention specialist program faculty. This professor assumed responsibility for supervising consultation related practicum experiences.

The **Family-Based Experience** was developed through a collaborative relationship with **Parent-to-Parent of Vermont**. Parent-to-Parent staff conduct practicum seminars on issues related to family-centered early intervention service delivery, participate in the design, implementation, and evaluation of core coursework and practicum activities and coordinate and supervise a family-based practicum experience. The family-based practicum experience has provided students with an in-depth experience with a family of a child with a chronic illness or disability. Students provided support services that were responsive to family identified needs. Through this experience students acquire and understanding of the elements of a family-centered approach and demonstrate a working knowledge of ways in which existing systems and policies can become more responsive to family needs and priorities. Students spent a minimum of 3 hours per week with a family across of a variety of settings including home, doctors' offices, other service provider appointments, preschool, and social settings. Descriptions of these two experiences can be found in Appendix C.

Coursework

At the start of this project students were required to complete one core course related to early intervention, EDSP 310: Curriculum and Technology. This course had been designed to provide an overview of interdisciplinary theory, research, and practice in child find, assessment, curricula, and development, implementation, and evaluation of IFSPs for newborns, infants and preschoolers with disabilities, and their families. Emphasis was on the role of EIS in coordinating interdisciplinary services and monitoring the implementation of the IFSP. Feedback from students suggested that the content of this course was to intense to address within a single 3 credit course. Therefore, the content was divided and supplemented to form two courses: EDSP 311: Curriculum and Technology: Assessment of Young Children and EDSP 310 Curriculum and Technology: Early Intervention. **EDSP 311** provides students with the opportunity to learn about best practices as they relate to assessing young children. Within the context of a multidimensional model of assessment, students are introduction to a variety of assessment instruments and procedures. Emphasis is places on a family-centered, multidisciplinary approach to comprehensive evaluation. Vermont policy related to the assessment of young children is presented, and students become familiar with Vermont's required forms and procedures relative to the assessment process. Projects and in-class presentations are designed to provide students with opportunities to apply course content to practice. **EDSP 310** provides students with the opportunity to learn about best practices in early childhood special education curriculum development, implementation, adaptation, and evaluation. The deliver of early intervention services through a collaborative, community-based, family-centered approach is presented. Emphasis is places on philosophical approaches in early intervention; issues related to the implementation of P.L. 99-457, P.L. 94-142, and P.L. 101-476; developmentally appropriate curricular models, materials and environments; issues related to intervention strategies with children and families; and evaluation of child progress. Projects are designed to provide opportunities to implement the concepts presented in class.

Redesign of Program Competencies

Dramatic changes have occurred in the field of infant intervention over the past three to five years. The planning of phase of P.L. 99-457 has provided considerable information relative to the role of Early Intervention Specialists. In addition, attention has focused on the skills required of infant interventionists as they are different from and or similar to those required of an interventionist who is primarily working with preschoolers and their families. As a result of this growing body of knowledge the EIS Competency Clusters were reviewed and revised. Eleven competencies were identified and defined. These competencies clustered include: Infant and Toddler Development; Legislation; Family Systems; Family-Centered Approach; Assessment; Planning Services; Individualized Family Service Plan; Service Coordination; Collaborative Teaming; Consulting and Training; and Program Administration. Individual competencies related to each competency cluster can be found in Appendix D.

IV IMPACT OF TRAINING PROGRAM ACTIVITIES BEYOND THE UNIVERSITY SETTING

In addition to preparing eleven qualified Early Intervention Specialists, the activities, materials, and courses developed for this project have had a significant impact on P.L. 99-457 Part H activities in the state of Vermont. First, the early intervention specialist's competencies developed and refined for this project are currently being review by Vermont's Part H coordinator and it is anticipated that they will form the foundation for the development of Vermont's Comprehensive System of Personnel Development. In addition, the content, goals, and activities of the two courses developed by this project have been adapted and used for a number of inservice training activities. These inservice sessions, focusing on Child Find and Comprehensive Evaluation, were presented in three regions of the state and were attended by in place early intervention practitioners from across the state of Vermont. Individuals involved in Head Start, Public Health, Parent-Child Centers, Essential Early Education, as well as school administrators and special education coordinators participated in these sessions. Finally, the training sub-committee of Vermont's Part H

Interagency Coordinating Council has used many project materials and activities to direct their efforts.

APPENDIX A

Sample Program Evaluation Forms

LABEL HERE

INSTRUCTOR EVALUATION FORM

Department: _____ Instructor: _____ Course: _____

Directions to Students: On each line circle the number which seems to you the most appropriate for the instructor you are rating. The highest possible rating for an item is 5, the lowest is 1, with 3 gradations between. To aid you in making your marking, note the three descriptions for each item, one at the left for the best rating, one at the right for the poorest rating, and one in the middle for the average rating.
DO NOT SIGN YOUR NAME PLEASE RATE EACH ITEM HONESTLY.

1. Objectives Clarified by Instructor

5 — 4 — 3 — 2 — 1

Objectives clearly defined

Objectives somewhat vague or indefinite

Objectives very vague or given no attention

2. Organization of Course

5 — 4 — 3 — 2 — 1

Course exceptionally well organized; subject matter agreement with course objectives

Course satisfactorily organized; subject matter fairly well united to objectives

Organization very poor; subject matter frequently unrelated to objectives

3. Knowledge of Subject

5 — 4 — 3 — 2 — 1

Is well informed.; shows wide background

Background seems limited

Does not know material

4. Interest in Subject

5 — 4 — 3 — 2 — 1

Alert, interested, radiates natural enthusiasm

Mildly interested

Subject seems to bore him

5. Assignments

5 — 4 — 3 — 2 — 1

Clear, reasonable, coordinated with class work

Occasionally indefinite and unrelated to class work

Confused, often made late, with no relation to the work of the course

6. Ability to Arouse Interest

5 — 4 — 3 — 2 — 1

Interest among students usually runs high

Students seem only mildly interested

Majority of students inattentive most of the time

7. Skill in Guiding the Learning Process

5	4	3	2	1
Gives student opportunity to think and learn independently, critically, and creatively		Gives student some opportunity to develop his academic resources on his own initiative		Little or not attention to student ideas; ignores or discourages original and independent effort

8. Presentation of Subject

5	4	3	2	1
Understandable, interesting and effective		Fairly understandable and interesting		Is vague, involved and monotonous

9. Fairness in Grading

5	4	3	2	1
Fair and impartial; grades based on several evidences of achievement		Partial at times, grades based on a few evidences of achievement		Frequently shows partiality, grades based very limited evidences of achievement

10. Willingness to Help

5	4	3	2	1
Instructor willing to help students		Instructor usually willing to help students		Instructor unwilling to help students

11. Attitude Toward Students

5	4	3	2	1
Shows a positive interest and ready friendliness toward the students		Usually courteous, friendly and agreeable		Frequently disagreeable and overbearing

12. Personal Attention to Student Product

5	4	3	2	1
Gives close personal attention to and recognition of students' product: examination, term paper, theme, notebook		Reads students' papers but does not comment generously or helpfully		Invariably pushes reading and judgments off onto reader or assistant; reads students' work superficially

13. General Estimate of the Teacher

5	4	3	2	1
Very superior teacher		Average teacher		Very poor teacher

14. General Estimate of the Course

5	4	3	2	1
One of the most interesting, informative, useful, personally helpful courses		About average in interest, usefulness, etc.		One of the least interesting informative, useful, personally helpful courses

OPEN ENDED QUESTIONS

1. What to you were the most beneficial aspects of this course?

2. What aspects of the course do you feel should be improved upon or deleted? Please indicate reason for improvement or deletion.

3. Do you feel that additional activities should be added to the course? If so, please indicate these activities.

4. Would you recommend this course to other students? Why?

EVALUATION OF UNIVERSITY OF VERMONT ADVISOR BY INTERN

Name:_____ Date:_____

Intern:_____

The rating scale is based on a 1-5 rating with 1 being a poor score and 5 being excellent.

1. Availability of advisor.

   1 2 3 4 5

2. Quality of advisor's recommendations and ability to refer you to others for appropriate advice.

   1 2 3 4 5

3. Quality of advisor's rapport with you (e.g., friendly, honest, courteous, supportive).

   1 2 3 4 5

4 Advisor's knowledge of early intervention systems.

   1 2 3 4 5

5. Advisor's ability to evaluate students' strengths and needs and recommend appropriate coursework.

   1 2 3 4 5

6. Advisor's ability to support your ongoing professional development (e.g., informing student of job opportunities, local, regional, national conferences).

   1 2 3 4 5

ADDITIONAL COMMENTS:

EVALUATION OF UNIVERSITY OF VERMONT SUPERVISOR BY INTERN

Name:_____ Date:_____

Intern:_____

The rating scale is based on a 1-5 rating with 1 being a poor score and 5 being excellent.

1. Availability of University supervisor.

   1 2 3 4 5

2. Quality of University supervisor's feedback and ability to refer you to appropriate resources.

   1 2 3 4 5

3. Quality of University supervisor's support to complete program requirements (e.g., scheduling necessary meetings, reviewing written work).

   1 2 3 4 5

4. Quality of University supervisor's professional behaviors (e.g., friendly, courteous, punctual).

   1 2 3 4 5

5. University supervisor's knowledge of best practices in the development, implementation and evaluation of early intervention services.

   1 2 3 4 5

ADDITIONAL COMMENTS:

EVALUATION OF COOPERATING-SITE SUPERVISOR BY INTERN

Name:_____ Date:_____

Intern:_____

The rating scale is based on a 1-5 rating with 1 being a poor score and 5 being excellent.

1. Availability of cooperating-site supervisor.

   1 2 3 4 5

2. Quality of cooperating-site supervisor's feedback and ability to refer you to appropriate resources.

   1 2 3 4 5

3. Quality of cooperating-site supervisor's support to complete program requirements (e.g., scheduling necessary meetings, reviewing written work).

   1 2 3 4 5

4. Quality of cooperating-site supervisor's professional behaviors (e.g., friendly, courteous, punctual).

   1 2 3 4 5

ADDITIONAL COMMENTS:

1. What were the most valuable things that you learned from this setting?

2. What things did this site not provide that you needed or wanted?

3. Are there any personal characteristics or professional backgrounds that would be helpful to students placed in this site?

Intern Evaluation of Personnel Preparation Activities: Family-Centered Service Delivery

The Early Intervention Personnel Preparation Programs at the Center for Developmental Disabilities are based on the belief that individuals working with young children and their families, regardless of their discipline, should be prepared to interact with families in family-centered way. In short, early interventionists should be able to design, implement, and evaluate early intervention services that are shaped by family priorities as well as by child characteristics and diagnostic concerns. Toward this end we have created a number of opportunities for interns to explore the principles of the family-centered approach and practice translating those principles into practice. In order to assure that the types and amount of opportunities have been appropriate we need feedback from you and the families you have been working with. The following evaluation has been designed to provide you with an opportunity to indicate the extent to which you feel this program provided you with opportunities to:

1) develop an understanding of the principles underlying the family-centered approach and;
2) translate those principles into practice.

Thank you for taking the time to complete this evaluation form.

Intern Evaluation of Personnel Preparation Activities: Family-Centered Service Delivery

Instructions: For each item below please rank the degree to which you perceive each skill to be useful for early interventionists according to the following scale: **1= not useful; 2= somewhat useful; 3= useful; 4= very useful; 5= exceptionally useful.** In addition, for each item rank the amount of opportunity you received on the item according to the following scale: **1= insufficient; 2= somewhat sufficient; 3= sufficient; 4= very sufficient; 5= exceptionally sufficient.**

Family-Centered Service Delivery	Usefulness	Opportunity
1. Knowledge of the principles of Family-Centered services.	1 2 3 4 5	1 2 3 4 5
2. Ability to translate family-centered principles into practice.	1 2 3 4 5	1 2 3 4 5
3. Ability to identify policies and practices that support/supplant family-centered service delivery.	1 2 3 4 5	1 2 3 4 5
4.Ability to promote the acquisition of knowledge, skills, and confidence of parents to describe their child's strengths and needs.	1 2 3 4 5	1 2 3 4 5
5. Ability to promote the acquisition of knowledge, skills, and confidence of parents to identify and carry out goals for their child/family.	1 2 3 4 5	1 2 3 4 5

Which program component(s) provided you with the opportunity to begin developing competence in this area (circle all that apply)?

Coursework	**Practicum**	
EDSP 310	Home-based program	Transition Program
Practicum Sem.	Instructional Program	Parent-to-Parent
Other _____	Consulting Program	IEP/IFSP
	Center-based Exper.	Assessment Plan

Intern Evaluation of Personnel Preparation Activities: Family-Centered Service Delivery

Instructions: For each item below please rank the degree to which you perceive each skill to be useful for early interventionists according to the following scale: **1= not useful; 2= somewhat useful; 3= useful; 4= very useful; 5= exceptionally useful.** In addition, for each item rank the amount of opportunity you received on the item according to the following scale: **1= insufficient; 2= somewhat sufficient; 3= sufficient; 4= very sufficient; 5= exceptionally sufficient.**

Family-Centered Service Delivery	Usefulness	Opportunity
6. Ability to coordinate the delivery of multidisciplinary services through collaboration with teams which consist of parents and other professionals (e.g., special educators speech and language pathologists, occupational and physical therapists, medical personnel, and social workers). Which program component(s) provided you with the opportunity to begin developing competence in this area (circle all that apply)? **Coursework**: EDSP 310; Practicum Sem.; Other _____ **Practicum**: Home-based program; Instructional Program; Consulting Program; Center-based Exper.; Transition Program; Parent-to-Parent; IEP/IFSP; Assessment Plan	1 2 3 4 5	1 2 3 4 5
7. Ability to design early intervention plans that are shaped by family priorities and information needs, as well as by child characteristics and diagnostic concerns. Which program component(s) provided you with the opportunity to begin developing competence in this area (circle all that apply)? **Coursework**: EDSP 310; Practicum Sem.; Other _____ **Practicum**: Home-based program; Instructional Program; Consulting Program; Center-based Exper.; Transition Program; Parent-to-Parent; IEP/IFSP; Assessment Plan	1 2 3 4 5	1 2 3 4 5
8. Ability to understand the impact of family events on interactions between professionals and family members. Which program component(s) provided you with the opportunity to begin developing competence in this area (circle all that apply)? **Coursework**: EDSP 310; Practicum Sem.; Other _____ **Practicum**: Home-based program; Instructional Program; Consulting Program; Center-based Exper.; Transition Program; Parent-to-Parent; IEP/IFSP; Assessment Plan	1 2 3 4 5	1 2 3 4 5
9. Ability to recognize and respond to situations in which the cost of accepting help may outweigh the actual benefits if the help. Which program component(s) provided you with the opportunity to begin developing competence in this area (circle all that apply)? **Coursework**: EDSP 310; Practicum Sem.; Other _____ **Practicum**: Home-based program; Instructional Program; Consulting Program; Center-based Exper.; Transition Program; Parent-to-Parent; IEP/IFSP; Assessment Plan	1 2 3 4 5	1 2 3 4 5
10. Ability to recognize how the perceptions of immediate/extended family members and friends impact the family. Which program component(s) provided you with the opportunity to begin developing competence in this area (circle all that apply)? **Coursework**: EDSP 310; Practicum Sem.; Other _____ **Practicum**: Home-based program; Instructional Program; Consulting Program; Center-based Exper.; Transition Program; Parent-to-Parent; IEP/IFSP; Assessment Plan	1 2 3 4 5	1 2 3 4 5

Intern Evaluation of Personnel Preparation Activities: Family-Centered Service Delivery

Instructions: For each item below please rank the degree to which you perceive each skill to be useful for early interventionists according to the following scale: **1= not useful; 2= somewhat useful; 3= useful; 4= very useful; 5= exceptionally useful.** In addition, for each item rank the amount of opportunity you received on the item according to the following scale: **1= insufficient; 2= somewhat sufficient; 3= sufficient; 4= very sufficient; 5= exceptionally sufficient.**

Family-Centered Service Delivery	Usefulness	Opportunity
11. Ability to define/redefine a professional's role when working with families depending on the situation.	1 2 3 4 5	1 2 3 4 5
12. Ability to recognize a variety of roles/levels of involvement for families depending on the situation.	1 2 3 4 5	1 2 3 4 5
13. Knowledge about systems, other than the educational system, that families of young children with special needs typically encounter (e.g., respite care, health services, social services, medicaid).	1 2 3 4 5	1 2 3 4 5
14. Knowledge of parent's perceptions of professionals (their role, do's, don'ts).	1 2 3 4 5	1 2 3 4 5
15. Ability to define/redefine the term "support" based upon individual family coping styles and circumstances.	1 2 3 4 5	1 2 3 4 5

Which program component(s) provided you with the opportunity to begin developing competence in this area (circle all that apply)?

Coursework	**Practicum**	
EDSP 310	Home-based program	Transition Program
Practicum Sem.	Instructional Program	Parent-to-Parent
Other _____	Consulting Program	IEP/IFSP
	Center-based Exper.	Assessment Plan

PART II

Please identify 3 experiences you had this year that you feel have helped you more clearly understand what it means to be a family-centered professional.

Please list 3 recommendations for changing the EEE/Infant program related to the preparation of family-centered early interventionists.

Briefly discuss the extent to which the parent-to-Parent experience differed from other practicum experiences as it relates to you development as a family-centered early interventionist.

ESSENTIAL EARLY EDUCATION/INFANT

GRADUATE FOLLOW-UP SURVEY

Please complete all of the following items concerning UVM's Intensive Special Education/Essential Early Education Program. Be as concise and accurate as possible. Directions are provided at the start of each section. Space is provided at the end of the survey for additional comments.

Which program did you complete? ___EEE ___Infant

Directions: Please complete each of the following items by checking/circling the most appropriate response or supplying the requested information.

---

1. What is the title of your current job position?

___ Early Intervention Specialist

___ EEE

___ EEE Teacher

___ **EEI Teacher**

___ Other _____

2. What level of children are you serving during this year?

___ Birth to three

___ Preschool

___ Elementary

___ Other _____

PART II - UVM PROFESSIONAL TRAINING AND PREPARATION

Directions: Rate the following subcompetency units on two dimensions. On the first dimension, rate the adequacy of the UVM training for the subcompetency unit. On the second dimension, rate the importance of the subcompetency unit to your job functioning. Rate each dimension independently on a 5-point scale with 5 as highest and 1 as lowest. Place your ratings in the boxes next to each subcompetency unit.

	Adequacy of University Training	Importance to Job Functioning
301 - History & Systems of Services for Individuals with Handicaps		
Historical trends and events	____	____
Philosophical models of education, and habilitation	____	____
Current legislation and litigation	____	____
Conceptual models of special education	____	____
Characteristics of handicapping conditions and models of learning	____	____
Service delivery models	____	____
302 - Physical and Dvelopmental Characteristics of the Multi-Handicapped		
Normal sensory and motor development	____	____
Characteristics and causes of developmental disabilities	____	____
Principles of Intervention:		
physical intervention	____	____
feeding/oral motor	____	____
adaptations	____	____

approaches for vision/hearing impaired	____	____
Health Care Systems/Health Care Teams	____	____
Educational Teaming	____	____

	Adequacy of University Training	Importance to Job Functioning

310, 312, 313, 384, 386 - Application of the Data-Based Individualized Model of Education

Assessment of entry level	____	____
Instructional objectives	____	____
Individual case record	____	____
Written summary of assessment information	____	____
Individual education program	____	____
Practica plans	____	____
Case Studies and/or summary reports	____	____
Teaching/learning materials & procedures	____	____
Knowledge of developing and implementing training programs for aides, volunteers, parents, etc.	____	____
Ability to make oral presentations	____	____
Research	____	____
Increasing and decreasing behavior	____	____
Maintaining and extending behavior	____	____
Developing new behavior	____	____
Analysis of antecedent stimuli	____	____
Classroom management	____	____
Cooperative learning	____	____
Learning strategies	____	____

Task analysis	____	____
Graphing	____	____
Observation and measurement	____	____
Instructional objectives	____	____
Transition planning	____	____

	Adequacy of University Training	Importance to Job Functioning
EEE and Infant		
310 - Curriculum and Technology in ECSE		
The IEP/IFSP process	____	____
Knowledge of Curriculum Instruments	____	____
Creative Curriculum	____	____
Curriculum evaluation	____	____
Curriculum adaptation	____	____
Curriculum content:		
Communication	____	____
Motor	____	____
Socioemotional	____	____
Self-care	____	____
Family involvement in program planning, implementation and evaluation	____	____
311 - Curriculum and Technology: Assessment		
Child find and screening	____	____
Multidisciplinary approach to assessment	____	____
Development of evaluation plan	____	____
Knowledge of assessment instruments/ procedures		

Infant	____	____
Preschool	____	____
Development of evaluation report	____	____
Family involvement in the assessment process	____	____

Directions:

Please rank the following course/competency clusters included in the EEE/Infant Program on two separate dimensions: (1) the adequacy of the UVM training and (2) their importance to your job. Rate each dimension independently on a 5 point scale, with 5 as highest and 1 as lowest. Place your ratings in the boxes next to each cluster.

Course #	Course/Competency Cluster	Adequacy of University Training	Importance to Job Functioning
	EEE/Infant Program		
301	History & Systems of Services for Individuals with Handicaps	____	____
302	Physical & Developmental Characteristics of the Multi-handicapped	____	____
312, 313, 310, 386	Application of the Data-Based Individualized Model of Education	____	____
386	Management of Learning Environments	____	____
386	Dissemination and Professional Development	____	____

PART III - SERVICES PROVIDED TO STUDENTS

Directions: In Column I, please record the number of students in each category who received services from you during the last school year. In Column II, record the number of students who received the major portion of their services in each of the placements listed. The total number of students recorded in Columns I and II should be equal.

Column I

Record the number of students who received service by category.

A. Mild and moderately handicapped students ___

B. Severely and multiply handicapped students (less than 2 years developmental level in one or more skill areas) ___

C. Other_____

_____ ___
(specify)

D. Total number of students served (A+B+C) ___

Column II

Record the number of students who received the major portion of service in the following placements (count each student only once).

A. Residential facility ___

B. Home ___

C. Special class or school ___

D. Preschool or day care ___

E. Elementary school ___

F. Middle School or junior high school ___

G. Secondary school ___

H. Vocational ed center ___

I. Other_____

_____ ___
(specify)

J. Total number of students (A+B+C+D+E+F+G+H+I) ___

PART IV - PERSONNEL PREPARATION

Directions: In Column I, please record the number of professionals who received training from you during the last year. In Column II, record the number of paraprofessionals, student tutors

Column I

Record the number of professionals who received training in the settings listed below.

A. Consultees ___

B. Workshop participants ___

C. Course enrollees ___

D. Total number personnel (count each person receiving any training only once). ___

Column II

Record the number of paraprofessionals, student tutors, and parents who received training.

A. Paraprofessionals ___

B. Cross-age tutors/peer tutors ___

C. Parent/other adult volunteers ___

D. Total number trained ___

PART V - CURRENT AND FUTURE NEEDS

Directions: Please indicate in the boxes below your current and anticipated future needs for 1) additional training in any of the competency areas listed earlier in the survey, 2) certification requirements and 3) degree requirements. If none are currently needed, please write "none" in the appropriate box. If you are unsure about current or future needs, please write "none" in the appropriate box. If you are unsure about current or future needs, please write unsure in the appropriate box.

	Need Currently	Desire in the future
Competencies:		
Certifications:		
Degrees:		

Other Comments:

FAMILY SATISFACTION INVENTORY

	DOES OCCUR
1. Is your student intern able to meet your needs or find resources to meet your needs?	YES NO
2. Does your student intern listen to you?	YES NO
3. Does your student intern provide you with options?	YES NO
4. Are you comfortable saying "no" to your student intern?	YES NO
5. Do you feel that your student intern is patient with your family?	YES NO
6. Have you been able to ask for services or resources?	YES NO
7. Have you received information or services after you asked?	YES NO
8. Have you been offered the opportunity to make decisions and provide leadership in the direction of services to the extent you wished?	YES NO
9. Does your student intern work with all members of your household?	YES NO
10. Do you feel supported by your student intern when you make decisions other than those of the professionals?	YES NO
11. Do you hear from your student intern regularly?	YES NO
12. When you request information from your student intern do they get back to you when they say they will?	YES NO
13. Does your student intern make you feel comfortable?	YES NO
14. Do you feel your student intern makes enough time for you and your family?	YES NO

TABLE 1

Early Childhood Teacher Observation Checklist Items

Enhancing Cognitive Development

	Opportunity	*Observed*	*%*	*Code*
1. Suggested that children complete or persist at a task ("Stay until the puzzle is finished"; "Fill up all the spaces"; "Do a little more").			____	____
2. Named and/or described attributes or characteristics and/or gave factual information about events or phenomena ("This is read and round"; "Jets leave vapor trails in the sky").			____	____
3. Requested children to name objects and/or describe the attributes/ characteristics of objects (color, shape, texture, size, smell, taste, number).			____	____
4. Asked open-ended questions.			____	____
5. Asked questions or requested information from children to determine their knowledge or understanding of phenomena and/or events.			____	____
6. Gave children time to respond to questions.			____	____
7. Gave accurate feedback regarding the correctness or incorrectness of children's responses.			____	____
8. Responded to children's questions by giving accurate information and/or redirecting the question to the child or other children.			____	____
9. Encouraged pretend play and imagination.			____	____
10. Used vocabulary appropriate to the developmental level of the children.			____	____
11. Introduced "new" vocabulary in her/his conversations with children (used and defined new words; used words that expanded children's vocabulary).			____	____
12. Spoke with correct grammar.			____	____

Enhancing Emotional Health and Self-Concept

	Opportunity	*Observed*	%	*Code*
1. Used children's names when talking to them.			____	____
2. Greeted or acknowledged the presence of children upon arrival to school or to the teacher's area.			____	____
3. Showed friendliness and affection to children through physical contact and pleasant facial expressions.			____	____
4. Engaged in one-to-one conversations with children.			____	____
5. Allowed and encouraged children to make their own decisions and choices when appropriate.			____	____
6. Praised/acknowledged children for independence in making decisions and/or self-help.			____	____
7. Acknowledged and showed positive attitude toward individual differences in children's physical appearance, cultural heritage, abilities, and interests.			____	____
8. Listened attentively to children's conversation (made eye contact; responded appropriately).			____	____
9. Listened actively/showed empathy to children as they expressed emotions ("You are upset with him"; "You must be excited about your new boots"; "You miss your dad").			____	____
10. Fostered children's sense of pride in their accomplishments/products ("You finished it"; "You must be proud of that good job").			____	____
11. Refrained from comparing children unfavorably (Not - "You didn't do it as well as she did"; "She was the only good one"; "Try to make yours as nice as hers").			____	____
12. Refrained from discussing children unfavorably with staff or other adults when the children were present and could hear.			____	____

Enhancing Social Competence

	Opportunity	*Observed*	%	*Code*
1. Allowed or encouraged children to help peers or to help with routine group tasks (cleaning up the room, making snacks, passing out napkins, holding doors, washing tables, turning on lights, dressing).			____	____
2. Thanked children for helping and/or for being thoughtful.			____	____
3. Encouraged children to take turns with and/or share equipment or materials.			____	____
4. Praised/acknowledged children for taking turns and/or sharing.			____	____
5. Gave children time to work out a problem among themselves (refrained from stepping in too soon when the children were capable).			____	____
6. Modeled socially appropriate ways to solve interpersonal problems (talked rather than yelled, grabbed, or hit; focused on behavior rather than character).			____	____
7. Encouraged children to verbally express their needs and/or feelings to others ("Ask him to pass it to you"; "Tell him you want a turn next"; "Tell her you can't see"; "Tell him you are angry"; "Tell her you like her and want her to play").			____	____
8. Encouraged children to listen to one another ("He's trying to tell you what he wants"; "Listen to her talk now").			____	____
9. Attempted to help peers understand each others intentions, feelings, and needs ("He's mad because you took the glue he was using").			____	____
10. Joined children as a participant in their activities as a facilitator, not a dominator.			____	____

Enhancing Physical Competence, Health and Safety

	Opportunity	*Observed*	*%*	*Code*
1. Challenged children to try, practice or improve gross motor skills ("Try it again"; "See if you can do it faster"; "Now try to skip instead of hop").			____	____
2. Challenged children to try, practice or improve fine motor skills ("Hold the scissors this way instead"; "Put the string through the small hole this time"; "Draw another one just like it"; "Do it again").			____	____
3. Gave the children time to accomplish motor tasks. (Refrained from saying, "Hurry up" or from stepping in too soon).			____	____
4. Showed understanding of children's limited physical capabilities (buttoned the small buttons for the child; held [illegible]vy door; helped with pouring from a large pitcher).			____	____
5. Named and/or discussed body parts and/or body functions with children.			____	____
6. Encouraged the children to use good health and sanitation practices (using tissues; covering mouths for coughing or sneezing; washing hands at appropriate times; using the toilet; flushing the toilet; brushing teeth; dressing for the weather; keeping objects out of mouths).			____	____
7. Modeled good health practices (washed hands at appropriate times; used tissues; dressed for the weather).			____	____
8. Showed awareness of and acted to remove health hazards in the environment (removed or cleaned items that had been in mouths; disposed of diapers properly; flushed toilets; cleaned tables).			____	____
9. Showed concern for children's physical comfort and well-being (tied shoes; adjusted clothing; adjusted room temperature; arranged comfortable seating; checked injuries; attended to illnesses).			____	____
10. Enforced safety rules (encouraged walking instead of running in confined areas; limited numbers using large motor equipment; discouraged recklessness).			____	____
11. Was aware of and removed safety hazards in the environment (removed or closely supervised the use of sharp objects; removed or cautioned children about broken objects; kept exits clear; pointed out dangers of electrical outlets and appliances).			____	____

Management and Communication Skills

	Opportunity	*Observed*	*%*	*Code*
1. Looked at written plans or records and/or consulted with other staff about children, schedule, procedures, and/or activities.			____	____
2. Appeared to be aware of the schedule and plans by sometimes taking initiative and/or showing leadership in activities and transitions.			____	____
3. Was usually positioned so that she/he could see most of the children at one time.			____	____
4. Often visually scanned the entire area.			____	____
5. Attended two (or more) activities simultaneously without losing the flow of either (tied one child's shoe while discussing the artwork of another child; gave directions to a staff member while assisting a child with dressing).			____	____
6. Was "authoritative" with the children when necessary (made directive statements; gave instructions; set limits).			____	____
7. Gave directions or set limits clearly.			____	____
8. Gave directions or set limits positively.			____	____
9. Spoke to and listened to children at their eye level.			____	____
10. Made eye contact with children and staff when speaking and listening.			____	____
11. Showed pleasure/enjoyment/humor/playfulness by laughing or smiling while interacting with children and staff.			____	____

Management and Communication Skills (con't)

	Opportunity	*Observed*	*%*	*Code*
12. Spoke with a pleasant, distinct, well-modulated voice (varied in tone, neither too soft nor too loud; expressive).			____	____
13. Matched her/his nonverbal behavior with the intent of her/his verbal behavior (facial expression reflected verbal message).			____	____
14. Prevented a problem from occurring (redirected a child about to misbehave; moved a pitcher from the edge of the table; added a material when an additional child entered an activity).			____	____
15. Responded quickly when misbehavior or problems occurred that required teacher action.			____	____
16. Disciplined the correct child(ren) (the one who misbehaved) when misbehavior occurred.			____	____
17. Remained calm and reasonable when setting limits or disciplining misbehaving children.			____	____
18. Refrained from using corporal or humiliating punishment.			____	____

Briggs, B. (1987). Measuring effective early childhood teaching behaviors. Child & Youth Care Quarterly, 16(3), 196-209.

APPENDIX B

Practicum Manual

EARLY INTERVENTION SPECIALISTS

PRACTICUM MANUAL

UNIVERSITY OF VERMONT

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SECTION I

Overview

Description of Sites

PREPARATION OF INFANT INTERVENTIONISTS

Overview

The goals of the Infant Intervention practica are to prepare early childhood special educators to:

a. Provide individualized, family-centered intervention services for families of newborn and infants who are at-risk or experience identified handicaps.

b. Implement individualized, family-centered services across hospital, home, and community-settings.

c. Work with other agencies and disciplines to establish, coordinate, and evaluate comprehensive, interagency, interdisciplinary, early intervention service delivery systems within Vermont's rural communities.

Due to the unique and diverse needs of families of young children with handicaps, it is necessary the Infant Interventionists be involved in a variety of practica experiences over the course of their program. Through a variety of practica experiences, students will be given the opportunity to practice the skills necessary to attain the goals of the program and interact with a number of different agencies/programs providing services to families of young children with special needs. Students will be required to develop **7 IFSPs**. Through the development of these IFSPs student are expected to demonstrate the following competencies:

1. Design, implement and evaluate **two instructional programs**.

2. Develop and implement a **community-based consultative program** for providing technical assistance to families and professionals who provide services to families of young children with special needs.

3. Design, implement, and evaluate **a transition plan** for a child and family who are moving from one service delivery system to another (e.g., home-based services to a mainstream preschool program)

4. Design, implement, and evaluate **two comprehensive assessment plans** using the IFSP process.

5. Participate as a member of a **Regional Family-LINCs** team in the design, implementation, and evaluation of a local, comprehensive, service delivery system responsive to the needs of families with young children with special needs.

6. Participate in a **Family-Based** practicum experience designed and supervised in partnership with Parent-to-Parent of Vermont.

7. Participate in and evaluate a child find and screening process.

8. Participate in the planning, implementation, and evaluation of a program for a child who has severe and multiple handicaps.

PREPARATION OF INFANT INTERVENTIONISTS

Description of Sites

1. **Visiting Nurses Association:** The VNA program provides students with the opportunity to become involved in: home-based services, toddler and preschool play groups, and a family drop-in center.

2. Typical child care settings in the community (e.g., family, homes and private child care agencies).

3. The **Vermont Family-LINCs** Project. This project is funded through P.L. 99-457 and is responsible for the design, implementation, and evaluation of a local, comprehensive, service delivery system responsive to the needs of families of young children with special needs.

4. **Parent-to-Parent of Vermont.** In collaboration with university personnel this organization will design, supervise, and evaluate a family-centered practicum experiences.

5. Local **EEE programs** who provide services to infants and toddlers with special needs and their families.

6. Other community-based programs or agencies that provide services to families with young children with special needs (e.g., I-Team, Parent/Child Centers, Child Development Clinic, O.T./P.T. Associates).

SECTION II

Infant Interventionist Intern Confidentiality Agreement

Infant Interventionist Intern, Cooperating-Site Supervisor and University Supervisor Agreement

Infant Interventionist Intern Practicum Agreement

- **THESE AGREEMENTS ARE TO BE SIGNED BEFORE INTERNS BEGIN THEIR PRACTICUM EXPERIENCE.**

INFANT INTERVENTIONIST INTERN CONFIDENTIALITY AGREEMENT

While an intern in the Infant Interventionist Program, I agree to the following:

1. All information gathered about children and their families will remain confidential.

2. Access to any child's/family's file is not within my rights as an intern unless special permission for file access has been requested and obtained from parents by appropriate program staff.

3. All programs I implement with families/children/program staff will be part of an approved IFSP. In addition, I will obtain family and site supervisor's permission prior to implementing programs.

4. All reports on instructional programs written in partial fulfillment of coursework requirements, will comply with final federal regulations in P.L. 93-380 (Privacy Rights of Parents and Students known as the Buckley Amendment, 1976). That is, the family's name or other information which would allow a reader to identify the child will not be contained in the report. The location of the family's place of residence or the program will only be identified in vague terms. For example, it is appropriate to say that a program took place in a Play Group. It is not appropriate to say that the program took place at H.O. Wheeler School.

   Educational program reports written as part of practica experiences will be developed in partnership with families and appropriate program staff and must clearly articulate: 1) what was taught, 2) how it was measured, and 3) results of the intervention in a manner which makes the program replicable by others..

5. Reports are the property of the student teacher and are not made part of the family's file unless a specific request is made by a parent or appropriate program staff.

6. A copy of instructional program reports will be shared with the families and appropriate program staff. Families and program staff have the right to ask that any portion of the report which is not accurate or identifies the child/family or exact location of the program be amended or deleted from the report.

DATE:_____ STUDENT SIGNATURE:_____

INFANT INTERVENTIONIST INTERN, COOPERATING-SITE SUPERVISOR AND UNIVERSITY SUPERVISOR AGREEMENT

A. STUDENT RESPONSIBILITIES:

1. **Practica Placement Responsibilities:**

   a. The intern agrees to follow the calendar of the site(s) where the practica are carried out. However, the beginning and ending dates of the practicum will follow the University of Vermont's schedule.

   b. The intern agrees to follow individual program policies and procedures.

   c. The intern agrees to satisfactorily complete (a grade equivalent of B or better) all practica requirements.

   d. If the intern will be absent, she/he must notify the cooperating-site supervisor before the day begins and specify the reason for the absence. The only three excusable absences are: a) course-related activities, b) death in the immediate family, or c) personal illness.

   e. All days missed in the practicum setting will have to be made up as agreed upon by the university supervisor, cooperating-site supervisor, and intern. The university advisor will be immediately notified of these absences and make-up dates.

   f. Two or more unexcused absences from a practicum site will result in automatic failure for the semester.

2. **University Responsibilities:**

   a. Each intern will design and implement a minimum of **Seven IFSPs** over two semesters. This will entail a caseload of 5 to 7 families. As part of this requirement students must include:

      1. **Two** instructional programs
      2. **One** Community-Based consultative program
      3. **One** transition program
      4. **Two** comprehensive assessments
      5. **One** program involving a child who is multihandicapped

   b. Each intern will participate as a member of a Regional Family-LINCs team for two semesters.

   c. Each intern will participate in a **Family-Based** practicum experience designed and supervised in partnership with **Parent-to-Parent**.

d. Each intern will participate in and evaluate child find and screening processes.

e. Each intern will complete and submit all written products necessary to fulfill the course requirements within the specified timeline determined by the intern, the family, the cooperating-site supervisor, and the University supervisor.

f. Each intern will complete and share two formal evaluations of themselves, the cooperating-site supervisor, and the University of Vermont supervisor.

B. COOPERATING-SITE SUPERVISOR RESPONSIBILITIES:

1. The cooperating-site supervisor agrees to provide the intern all necessary information and forms concerning program policies and procedures regarding service to students eligible for services.

2. The cooperating-site supervisor agrees to explain program, philosophy, and specific routines to intern at initial meeting.

3. The cooperating-site supervisor agrees to provide the intern with the opportunity to serve children and families eligible for services and the opportunity to develop the programs necessary to fulfill course requirements.

4. The cooperating-site supervisor agrees to observe the intern providing direct service to eligible "learners" (e.g., parents, children, site staff) on a regular basis.

5. The cooperating-site supervisor will determine, in collaboration with the intern's UVM supervisor, and families, the intern's responsibilities.

6. The cooperating-site supervisor agrees to spend at least one hour per week with the intern to review the intern's responsibilities, performance, and offer feedback on intern's program plans. This could be one meeting or a series of shorter meetings.

7. The cooperating-site supervisor agrees to complete two formal evaluations of the intern within each semester to assess the intern's progress, strengths and weaknesses, and recommendations. The cooperating-site supervisor will share the evaluations with the intern and University supervisor.

8. The cooperating-site supervisor agrees to meet with the intern and UVM supervisor following each of the supervisor's five observations. The two formal evaluations will be shared during two of these times, i.e., mid-semester, end of the semester.

C. UNIVERSITY SUPERVISOR RESPONSIBILITIES:

1. The UVM course instructor will arrange placements for each student with a cooperating-site supervisor.

2. The UVM instructor will provide the student with a format to follow for each type of program plan required.

3. The UVM supervisor will observe the student at least five times per semester. Following each observation the supervisor will meet with the student and the cooperating-site supervisor to provide specific feedback on the instructional session observed. (Times will be agreed upon with the cooperating-site supervisor and the student at the beginning of the semester.)

4. The UVM supervisor will monitor and evaluate the **seven IFSPs**.

5. The UVM supervisor will monitor and evaluate products required during the internship.

6. The UVM supervisor will arrange a mid-semester and end of semester meeting with the cooperating-site supervisor and student to review the student's progress and determine a tentative and final grade for practica.

NOTE: The University of Vermont supervisor and student will schedule weekly on-campus meetings to review course requirements, performance, and progress in practica settings.

INFANT INTERVENTIONIST INTERN PRACTICUM AGREEMENT

SITE 1

I will participate in the following practicum site _____ on the following days of the week: _____ from date: _____ to date:_____. During this time I will work from _____ (time) to _____. I agree to meet with the cooperating-site supervisor _____.

STUDENT SIGNATURE:_____
COOPERATING SUPERVISOR SIGNATURE:_____
COLLEGE SUPERVISOR SIGNATURE:_____
DATE:_____

INFANT INTERVENTIONIST INTERN PRACTICUM AGREEMENT

SITE 2

I will participate in the following practicum site _____ on the following days of the week: _____ from date: _____ to date:_____. During this time I will work from _____ (time) to _____. I agree to meet with the cooperating-site supervisor _____.

STUDENT SIGNATURE:_____
COOPERATING SUPERVISOR SIGNATURE:_____
COLLEGE SUPERVISOR SIGNATURE:_____
DATE:_____

INFANT INTERVENTIONIST INTERN PRACTICUM AGREEMENT

SITE 3

I will participate in the following practicum site _____ on the following days of the week: _____ from date: _____ to date:_____. During this time I will work from _____ (time) to _____. I agree to meet with the cooperating-site supervisor _____.

STUDENT SIGNATURE:_____
COOPERATING SUPERVISOR SIGNATURE:_____
COLLEGE SUPERVISOR SIGNATURE:_____
DATE:_____

INFANT INTERVENTIONIST INTERN PRACTICUM AGREEMENT

SITE 4

I will participate in the following practicum site _____ on the following days of the week: _____ from date: _____ to date:_____. During this time I will work from _____ (time) to _____. I agree to meet with the cooperating-site supervisor _____.

STUDENT SIGNATURE:_____
COOPERATING SUPERVISOR SIGNATURE:_____
COLLEGE SUPERVISOR SIGNATURE:_____
DATE:_____

SECTION III

Instructional Program Plan Outline

Transition Program Outline

Community-Based Consultative Program Outline

Assessment Plan Outline

Individualized Family Service Plan Outline

Family-LINCs Outline

Evaluation of Child Find/Screening Process Outline

Case Study Outline for Child with Severe and Multiple Handicaps

INSTRUCTIONAL PROGRAM PLAN OUTLINE

The purpose/focus of this case study is to develop, implement, and evaluate a program for helping an individual (parent, child, childcare worker) acquire a new skill or behavior. The written product of this case study should follow the outline delineated below. The content of this instructional program must be related to an outcome identified by the early intervention team and included on the IFSP. Interns are required to develop 2 Instructional Program Plans.

1. **DESCRIPTION OF LEARNER:** "Learner" characteristics that are pertinent to the instructional program.

   a. Procedures, instruments, observations used, etc.
   b. Present levels of performance (NOTE: When appropriate include both descriptive information as well as test scores).

2. **RATIONALE** (Why is this skill area important to the learner and the family?):

   Identify and discuss learner characteristics that are pertinent to the selection of this target skill. Be sure to specify long term significance to the program for both the learner and the family.

3. **OBJECTIVE** (specifies conditions, behavior and criteria):

   a. Provides for generalization across people, settings, materials, and other natural cues
   b. Provides for maintenance across time
   c. Provides for self-initiation

4. **INSTRUCTIONAL PROCEDURES**

   a. Detailed description of the sequence of teaching/learning activities
   b. Location & time of instruction
   c. Materials

5. **DATA COLLECTION PROCEDURES** (Measure effectiveness):

   a. Types of data to be collected (**including generalization and maintenance data**)
   b. Data sheet
   c. Graphing procedures
   d. Reliability procedures

6. **RESULTS:** What does the data show?

7. **DISCUSSION:** What impact did this program have on the learner and the family? What were the strengths and weaknesses of this program? What changes would you make in the future? What are the next steps for this learner and family related to this skills area.

TRANSITION PROGRAM OUTLINE

The purpose/focus of this case study is to participate in planning and facilitating the transition of a child to a new setting. The written transition plan would follow the outline delineated below and should be incorporated in the IFSP. Since this is part of the IFSP the family goals for the transition planning process as well as their criteria for selecting the next setting will be reflected as part of an outcome statement.

1. **TRANSITION PLAN:** Develop a plan describing the activities, timelines, and person responsible. This plan should include the following components:

   a. **Identification and Analysis of Potential Sites**. Conduct an ecological analysis of all potential "new" placements. This analysis should address all issues of concern to the family.

   b. **Establishment of a Transition Planning Team**. Formulation of a planning team that involves everyone with a vested interest in the success of the transition and can contribute to the development of an effective decision-making process that addresses family concerns and issues.

   c. **Identification of Outcomes for a Successful Transition**. Develop a plan for meeting the family-identified goals relevant to the new setting:
      1. identify all related activities,
      2. identify the person responsible,
      3. identify timelines.

   d. **Monitoring/Evaluation Plan**. Develop an informal plan for monitoring the success of the transition process (i.e., family/child/site personnel/consultant satisfaction).

2. **TEAM PLANNING LOG:** Participate as a team member in any transition activities that may occur and keep a log of participation.

3. **DISCUSSION:** Was the transition plan successful? What were the facilitators/barriers?

COMMUNITY-BASED CONSULTATIVE PROGRAM OUTLINE

The focus of this case study is to consult with and assist others in the development, implementation, and evaluation of an "intervention" program within a community-based, early childhood setting. The particular goals and design of this case study would come from the IFSP and should be determined in collaboration with the child's family and the community setting staff. The written product of this case study should follow the outline delineated below.

1. **DESCRIPTION OF THE COMMUNITY SETTING:** Brief description of the early childhood setting and staff in which and with whom you will be developing, implementing, and evaluating the program.

2. **RATIONALE:** Convincing, logical need for the establishment of the program. Include information concerning child/family/staff-identified needs and goals for such a program.

3. **CONSULTATIVE OBJECTIVE/OUTCOME:** Precise statement of proposed objectives/outcomes of this program.

4. **CONSULTATIVE INTERVENTION PLAN:** A description of the procedures, instruments, and settings/activities that will be used for:
   a. establishing and maintaining communication/rapport with the family, staff of the community setting and other appropriate individuals; and,
   b. developing and implementing the program.

5. **EVALUATION PLAN:** Description of the procedures, timelines, and responsibilities for documenting the effectiveness of the plan. This plan should include measures of family/staff satisfaction.

6. **INTERVENTION LOG:** Maintain a daily log of the implementation of the consultative plan.

7. **RESULTS:** What does the evaluation plan indicate with regards to the effectiveness of the program. Please include pertinent anecdotal comments as well as data sheets and graphs.

8. **DISCUSSION:** Was the plan successful? What were the plan's strengths and shortcomings? What are possible next steps? What changes might you make in the future?

ASSESSMENT PLAN OUTLINE

The purpose of this component is to provide a format for the development of an assessment plan that will address family priorities and concerns. The assessment plan should be in the form of an IFSP. Answers to questions addressed in this plan will provide the information necessary to develop an appropriate program/intervention IFSP. Interns are expected to keep logs of assessment related activities: All activities shall be consistent with the following principles:

a) assessment is a continuing, evolving process rather than a discrete activity that can be initiated and completed at a single point in time.
b) informed consent must be obtained from parents or guardians for any and all assessment activities.
c) the identification of family strengths and needs must be based on an individual family's determination of which aspects of family life are relevant to the child's development.
d) the assessment process must reflect a respect for family values and styles of decision making.
e) a team process for assessment means that all information should be shared in a give-and take fashion family members should have the opportunity to be present for all discussion.
f) language associated with the assessment process should reflect family preferences as much as possible.

Interns are required to complete 2 Assessment IFSPs.

COMPONENTS OF THE ASSESSMENT PLAN OUTLINE

1. **DESIGNING THE ASSESSMENT PLAN:** In order to tailor the assessment process to meet the needs of individual children and families, the team should meet initially to determine:

   a. **Family Preferences for Involvement:** Include a written summary of the assessment activities families have chosen to coordinate/conduct/respond to.

   b. **Family Priorities for both the Child and Family:** Families' priorities and expectations for their children should guide the choice as assessment instruments and should help determine in which domains the assessment will be concentrated. Each assessment question should be written as an outcome, the team should also identify "Family Strengths, Needs and Resources for the Outcome," the instruments/procedures that will be used, person(s) responsible, and a timeline.

c. **Child Records and Other Data From Previous Assessments and Diagnoses:** Frequently assessment information is available from other agencies/individuals who have worked with the family. If it is determined that this information is current and appropriate it should be included as part of the assessment planning process. Identify all records and data from previous assessments that are relevant and indicate which assessment questions they will address.

d. **Child Characteristics:** As related to family identified needs and goals, relevant information should be gathered that:
   - states the child's strengths as well as needs,
   - emphasizes functional abilities rather than test scores,
   - places abilities within a developmental context,
   - describes abilities in all relevant developmental domains include less traditional child-related information,
   - describes functional limitations of the child likely to be relevant to intervention planning.

2. **IMPLEMENT THE ASSESSMENT PLAN:** Interns (in collaboration with the family) should be involved in implementing the assessment plan. Before implementing the plan the following questions should be addressed:
   1. Who will be responsible for addressing each part of the assessment plan?
   2. What are the timelines for completion?
   3. How and by whom will the information gathered be compiled?

3. **LOGS:** Interns will keep logs of all assessment related activities and shall include the following information:
   a. Type of Activity:
   b. Date:
   c. Participants:
   d. Description of Intern's Role and/or Responsibilities:
   e. Results:

4. **WRITTEN EVALUATION REPORT:** The formal written evaluation report should synthesize all of the qualitative and quantitative information related to assessment areas and questions addressed in the assessment plan. The report shall be written in language that is understandable by all team members and reflect family preferences. See Vermont's Written Evaluation Report Form that follows.

INDIVIDUALIZED FAMILY SERVICE PLAN OUTLINE

The purpose of this outline is to define the written product that results from the IFSP process. It is critical to remember that: a) the process is more important than the plan itself, and b) the IFSP is directly related to the questions that formed the assessment plan. Part H of P.L. 99-457 specifies that the IFSP must be a written document that contains the following:

a) a statement of the child's present levels of physical development, cognitive development, language and speech development, psychosocial development, and self-help skills, based on acceptable objective criteria;

b) a statement of the family's concerns, priorities and resources relating to enhancing the development of the family's infant with special needs;

c) a statement of the major outcomes expected to be achieved for the child and family; the criteria, procedures and timelines used to determine the degree to which progress toward achieving the outcomes is being made, and whether or not revisions of the outcomes or services are necessary;

d) a statement of specific early interventions services necessary to meet the unique needs of the child and family, including the frequency, intensity, and methods of delivering services;

e) the name of the case managers who will be responsible for implementing the plan and coordinating with other agencies and persons; and,

f) the steps to be taken supporting the child's transition to Part B preschool services, if appropriate.

Interns will **keep logs** of all IFSP related activities and shall include the following information:

1. Type of Activity:
2. Date:
3. Participants:
4. Description of intern's roles and responsibilities:
5. Results:
6. Next steps:

Interns will write an evaluation of the IFSP and the IFSP process and shall address at least the following questions:

1. What were the strengths/weaknesses of the IFSP/IFSP process?
2. What changes would you make in the future?
3. What are the next steps for this family?

Specific IFSP format can be determined jointly by the intern, cooperating-site supervisor, and university supervisor. Students will develop a total of 5-7 IFSPs.

FAMILY-LINCs PLAN OUTLINE

The focus of this plan is to collaborate with a regional team to develop, implement, and evaluate a written regional plan for the development of a comprehensive, interagency, service delivery system for families of young children experiencing developmental difficulties. The written product of this case study should follow the outline delineated below.

1. **DESCRIPTION OF THE TEAM:** A brief description of the members of the regional team and the agencies they represent, a history of the team, and a summary of community support.

4. **LOG:** Maintain a daily log of your participation in Family-LINCs activities, including:

   a. A description of your role.
   b. The goal of the activity.
   c. Detailed evaluation of the activity.
   d. Collaboratively determined next steps.

3. **DISCUSSION:**

   a. Were the objectives of this team reasonable?
   b. Were the procedures successful in facilitating the accomplishment of those objectives?
   c. What are the next steps for this team?
   d. How were the next steps defined?

EVALUATION OF CHILD FIND/SCREENING PROCESS OUTLINE

1. **CHILD FIND PROCEDURE:** An outline of the procedures, instruments, and timelines that comprise the ECSE program's child find efforts, including:

   a. Community Awareness
   b. Referral Systems

2. **SCREENING PROCESS:** A detailed description of the process (i.e., instruments, personnel involved, areas evaluated, procedures, communication of results to parents, follow up, etc.).

3. **LOGS:** Students will keep logs of participation in the child find/screening process.

4. **EVALUATION:** A written critique of the child find/screening process, including strengths and weaknesses, and suggestions for improvement.

NOTE: **The Child Find section of the ECSE manual, "Guidelines for Planning and Implementing Essential Early Education Programs," should be used as a reference for describing and evaluating the ECSE program's child find process.**

CASE STUDY OUTLINE FOR CHILD WITH SEVERE AND MULTIPLE HANDICAPS

The focus of this case study is to participate as an educational member of an interdisciplinary team, which includes the State Interdisciplinary Team for Intensive Special Education (I-Team) for a student who meets the eligibility criteria for I-Team services. The extent and nature of the activities involved in this case study will be determined by the student's team, including parents, and will be documented in the form of a year long Service Plan and a variety of Action Plans. The written product of this case study should follow the outline delineated below. For each activity identified for student involvement in the Action Plan, the written product will include and conform to other outlines included in this manual, e.g., Transition Plan, IEP/IFSP Development, etc., as needed

1. **DESCRIPTION OF THE CHILD:**

   a. child's age
   b. diagnosis if known and medical status
   c. educational setting(s)
   d. family situation

2. **IDENTIFICATION OF INTERDISCIPLINARY SERVICES:**

   a. core planning team members, frequency of contact, funding source(s)
   b. expanded team members, frequency of contact, funding source(s)

3. **RECORD REVIEW AND SUMMARY STATEMENT OF INTERDISCIPLINARY ASSESSMENTS AND SERVICES:**

   a. educational records - including IEP
   b. I-Team records
   c. pertinent medical records
   d. therapy records
   e. psychological reports
   f. other reports - vision, hearing etc.

4. **ASSESSMENT:**

   a. parent inventory and needs assessment
   b. child assessment - choose one of the following areas to be assessed by you:
      1. motor- gross and fine
      2. self-help or oral motor

3. functional use of vision/hearing
c. daily routines/setting of current environments
d. ecological analysis of future environments
e. discrepancy analysis
f. identify priority needs, including the need for further assessment

5. **ACTION PLAN:** The action plan will be formulated with the team and could address an instructional program, transition program, dissemination program (family information and training), comprehensive evaluation, IEP/IFSP development, lesson plan adaptation, case coordination, or home based or community based consultation. (See requirements for specific programs in Practicum Manual).

   a. Team meeting and action plan development
      1. articulate the philosophical approach of the team (developmental, compensatory approach, adaptive approach etc.)
      2. determine frequency of team meetings
      3. prioritize needs
      4. develop action plan for single high priority need

   b. Implementation of action plan:
      1. determine method for follow-up
      2. determine need for revision of action plan
      3. participate in revision as needed
      4. report on completion of action plan

6. **EVALUATION OF ACTION PLAN STRATEGY:**

   a. satisfaction of team members
   b. personal reactions

7. **DISCUSSION:** Elaborate on and summarize your case study and its results. This section should include references to the literature and discussion of the broader issues of providing services to children with multiple handicaps. Some issues might include:
   - medical vs. education approaches
   - types of teaming models and their advantages and disadvantages
   - barriers to teaming
   - family centered approach
   - integrated therapy
   - least restrictive alternatives
   - funding issues
   - availability of needed resources
   - training needs

SECTION IV

Grading Procedures and Evaluations

GRADING PROCEDURES AND EVALUATIONS

I. PRACTICA EXPERIENCES

1. The cooperating-site supervisor will observe the intern on a weekly basis and review weekly the intern's responsibilities, performance, strengths, weaknesses, and offer feedback.

2. The UVM supervisor will observe the intern in his/her practica placement at least five times per semester.

3. **MID SEMESTER AND END OF THE SEMESTER EVALUATIONS:**

   a. **Mid Semester:** The cooperating-site supervisor, UVM supervisor and intern will meet mid semester to discuss intern's progress. The cooperating-site supervisor and UVM supervisor will have filled out a formal evaluation of the intern prior to this meeting.

   After reviewing the formal evaluations, a tentative grade will be assigned at this time accompanied by a list of strengths, weaknesses and suggestions for improvement. The list of suggestions will be kept for the final evaluation meeting to help determine a final grade.

   b. **Final Evaluation:** The cooperating-site supervisor, UVM supervisor, and intern will meet at the end of the semester to discuss the intern's progress since the mid semester evaluation. The cooperating-site supervisor, intern and UVM supervisor will have completed a formal evaluation of the intern prior to this final meeting. The evaluations and list of suggestions from mid semester will be reviewed and a consensus will be arrived at in assigning the final grade.

II. WRITTEN PRODUCT REQUIREMENTS

1. The UVM supervisor, the cooperating-site supervisor, and the intern will fill out the individual planning and progress chart jointly. Written products will be due at this time unless cleared with the UVM supervisor prior to the due date. Products that are handed in late will be penalized.

2. The UVM supervisor will monitor and evaluate weekly intervention plans and evaluations of activities for which the intern is responsible and the 7 IFSPs including the following components:

   a. two instructional programs

   b. two comprehensive assessments

   c. one transition plan

   d. community-based consultative program.

NOTE: Written products need to be turned in in final form on the due date.

III. UNIVERSITY EVALUATIONS

1. Evaluation forms will be completed at the end of each semester. They will include:

   a. evaluation of the UVM advisor by the intern

   b. evaluation of the cooperating-site supervisor by the intern

   c. evaluation of the intern by the cooperating-site supervisor

IV. FINAL SEMESTER GRADING PROCEDURES

The student's final grade at the end of the semester is based upon the average of the grades received for the written products (e.g., case studies) and observed practica performance. However,

THE FINAL GRADE FOR EACH SEMESTER CANNOT BE HIGHER THAN THE PRACTICA EXPERIENCE GRADE. FOR EXAMPLE, A WRITTEN PRODUCT GRADE OF "A" AND A PRACTICA EXPERIENCE GRADE OF "B" WILL RESULT IN A GRADE OF "B". CONVERSELY, A WRITTEN PRODUCT GRADE OF "B" AND A PRACTICA EXPERIENCE GRADE OF "A" WILL RESULT IN A GRADE OF "B+" OR "A-".

V. FORMAL REVIEW PROCEDURE

Prior to the end of the Fall Semester, a formal review of the student's progress and skills across practica and course settings will be conducted. The purpose of this formal review is to assist the Program Coordinator of UVM's graduate program in Early Childhood Special Education in making a decision concerning the student's continuation or discontinuation with the graduate program in Early Childhood Special Education at UVM. The formal review process, conducted by the Program Coordinator, will include: 1) individual interviews with all cooperating-site supervisors, the UVM supervisor, the student's advisor (if different), and the intern, and 2) a formal meeting with the student to share the information collected and the decision concerning program continuation. If the intern disagrees with the decision concerning program continuation, the Program Coordinator will inform him/her of formal grievance procedures.

a. Grading Procedure Forms

INSTRUCTIONAL PROGRAM PLAN OUTLINE

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

	GRADE	WEIGHT	SUBTOTAL
1. **DESCRIPTION OF LEARNER:** "Learner" characteristics that are pertinent to the program.	____	x 2 =	_____
2. **RATIONALE:** (WHY is this skill area important to the learner and the family?) a. discuss learner characteristics pertinent to the target skill, b. specifies long term significance for both the learner and the family.	____	x 1 =	_____
3. **OBJECTIVE** (specifies conditions, behavior and criteria): a. provides for generalization across people, settings, materials, and other natural cues, b. provides for maintenance across time, c. provides for self-initiation.	____	x 2 =	_____
4 **INSTRUCTIONAL PROCEDURES:** a. detailed description of the sequence of teaching/ learning activities, b. location and time of instruction, c. materials.	____	x 4=	_____
5. **DATA COLLECTION PROCEDURES:** Measure effectiveness): a. Types of data to be collected (including generalization and maintenance data), b. Data sheet, c. Graphing procedures, d. Reliability procedures.	_____	x 2 =	_____
6. **RESULTS:** What does the data show?	____	x 2 =	_____
7. **DISUSSION:** What was the impact of this program on the learner and the family? What were the strengths and weaknesses of the program? What changes would you make in the future? What are next steps related to this skill area?	_____	x 2 =	_____

Maximum possible score is 60. Divide the student's total score by 15 to determine grade.

TRANSITION PROGRAM OUTLINE

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

	GRADE	WEIGHT	SUBTOTAL
1. **DESCRIPTION OF FAMILY GOALS:** Clearly state the family goals for the transition planning process, as well as their criteria for selecting the next setting.	____	x 3 =	____
2. **TRANSITION PLAN:** Develop a plan describing the activities, timelines, setting. This plan should include the following components:			
a. Identification & Analysis of Potential Sites: Conduct an ecological analysis of all potential "new" placements. This analysis should address all issues of concerns to the family.	____	x 3 =	____
b. Establishment of a Transition Planning Team: formulation of a planning team that involves everyone with a vested interest in the success of the transition.	____	x 1 =	____
c. Identification of Outcomes for a successful transition: Develop a plan for meeting the family-identified goals relevant to the new setting: (This will be part of the IFSP) 1. identify the person responsible 2. identify all related activities 3. identify timelines for all related activities	____	x 2 =	____
d. Monitoring Plan: Develop an informal plan for monitoring the success of the transition process (i.e., family/child/site personnel/ consultant satisfaction).	____	x 2 =	____
3. **TEAM PLANNING LOG:** Participate as a team member in any transition activities that may occur and keep a log of participation.	____	x 1 =	____
4. **DISCUSSION:** Was the transition plan successful? What were the facilitators/barriers?	____	x 3 =	____

Maximum score possible is 60. Divide the student's total score by 15 to determine grade.

COMMUNITY-BASED CONSULTATIVE PROGRAM OUTLINE

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

	GRADE	WEIGHT	SUBTOTAL
1. **DESCRIPTION OF THE COMMUNITY SETTING:** Brief description of the early childhood setting (preschool, day care, etc.) and staff in which and with whom you will be developing, implementing, and evaluating the program.	____	x 1 =	_____
2. **RATIONALE:** Convincing, logical need for the establishment of the program. Include information concerning child/family/staff needs for such a program.	____	x 1 =	_____
3. **CONSULTATIVE OBJECTIVE/OUTCOME:** Precise statement of proposed objectives/outcomes of program.	____	x 2=	_____
4. **CONSULTATIVE INTERVENTION PLAN:** A description of the procedures, instruments, and settings/activities that will be used for: a. establishing and maintaining communication/rapport with the family, staff of the community setting and other appropriate individuals; and, b. developing and implementing the program.	____	x 3 =	_____
5. **EVALUATION PLAN:** Description of the instruments procedures, timelines, and responsibilities for documenting the effectiveness of the program. This plan should include measures of family/staff satisfaction.	____	x 2 =	_____
6. **INTERVENTION LOG:** Maintain a daily log of the implementation of the consultative program.	____	x 2 =	_____
7. **RESULTS:** What does the evaluation plan indicate with regard to the effectiveness of the program? Please include pertinent anecdotal comments as well as data sheets and graphs.	____	x 2 =	_____
8. **DISCUSSION:** Was the program successful? What were the program's strengths and shortcomings? What are possible next steps? What changes might you make in the future?	____	x 2=	_____

Maximum possible score is 60. Divide the student's total score by 15 to determine grade.

ASSESSMENT PLAN OUTLINE

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

	GRADE	WEIGHT	SUBTOTAL
1. **DESIGNING THE ASSESSMENT PLAN:** a. What assessment activities has the family chosen to coordinate/conduct/respond to? b. What questions should the assessment process answer? c. What instruments and procedures will be used to answer the questions? d. What other records/assessment information should be included in the current assessment process? e. Who will be involved in the assessment process?	____	x 6=	_____
2. **IMPLEMENTING THE ASSESSMENT PLAN:** a. Who will be responsible for addressing each part of the assessment plan? b. What are the timelines for completion? c. How and by whom will the information gathered be compiled?	____	x 4 =	_____
3. **LOGS:** Interns will keep logs of all assessment related activities and shall include the following information: a. TYPE OF ACTIVITY: (e.g., planning meeting, direct assessment, discussion with caregiver) b. DATE: c. PARTICIPANTS: d. DESCRIPTION OF INTERN'S ROLE AND/OR RESPONSIBILITIES: e. RESULTS:	____	x 2 =	_____
4. **WRITTEN EVALUATION REPORT:** A synthesis of quantitative and qualitative information related to the assessment areas and questions addressed in the evaluation plan. The report shall be written in language that is understandable by all team members and reflect family preferences.	____	x 6 =	_____

Maximum possible points is 72. Divide the student's total score by 18 to determine grade.

INDIVIDUALIZED FAMILY SERVICE PLAN OUTLINE

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

	GRADE	WEIGHT	SUBTOTAL
1. **LOGS:** Interns will keep logs of all IFSP related activities and shall include the following information: a. TYPE OF ACTIVITY: (e.g.,discussion, site visit, formulation of outcomes) b. DATE: c. PARTICIPANTS: d. DESCRIPTION OF INTERN'S ROLE AND/OR RESPONSIBILITIES: e. RESULTS: f. NEXT STEPS:	____	x 3 =	_____
2. **ASSESSMENT RESULTS:** This document will begin with a clear statement of the findings of the assessment plan (i.e., answers to the assessment questions).	____	x 2 =	_____
3. **EARLY INTERVENTION SERVICES:** A description of the type, frequency and intensity of services to be provided as indicated by the answers to the assessment questions and agreed upon by all team members.	____	x 1 =	_____
4. **OUTCOME STATEMENTS:** These shall be clear, concise statements of the intended outcomes of the early intervention services. Each outcome statement shall: 1. be measurable, 2. identify the persons responsible, 3. identify the timelines for initiation and review, 4. describe strategies and activities.	____	x 6 =	_____

Maximum possible score is 48. Divide the student's total score by 12 to determine grade.

FAMILY-LINCs PLAN OUTLINE

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

	GRADE	WEIGHT	SUBTOTAL
1. **DESCRIPTION OF THE TEAM:** A brief description of the members of the regional team and the agencies they represent, a history of the team, and a summary of community support.	____	x 3 =	_____
2. **LOG:** Maintain a log of your participation in Family-LINCs activities, including: a. A description of your role, b. The goal of the activity, c. Detailed evaluation of the activity, d. Collaboratively determined next steps.	____	x 6 =	_____
3. **DISCUSSION:** a. Were the objectives of this team reasonable? b. Were the procedures successful in facilitating the accomplishment of those objectives? c. What are the next steps for this team? d. How were the next steps defined?	____	x 4 =	_____

Maximum possible score is 52. Divide the student's total score by 13 to determine grade.

EVALUATION OF CHILD FIND/SCREENING PROCESS OUTLINE

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

Program: _____

	GRADE	WEIGHT	
SUBTOTAL			
1. **CHILD FIND PROCEDURE:** An outline of the procedures instruments, and timelines that comprise the ECSE program's child find efforts, including: a. Community Awareness b. Referral Systems	____	x 3 =	____
2. **SCREENING PROCESS:** A detailed description of the process, i.e., instruments, personnel involved, areas evaluated, procedures, communication of results to parents, follow-up, etc.	____	x 3 =	____
3. **LOGS:** Students will keep logs of participation in the child/find screening process.	____	x 1 =	____
4. **EVALUATION :** A written critique of the child find/ screening process, including strengths and weaknesses, and suggestions for improvement.	____	x 2=	____

MAXIMUM POSSIBLE SCORE IS 36. DIVIDE THE STUDENT'S TOTAL SCORE BY 9 TO DETERMINE GRADE.

CASE STUDY OUTLINE FOR CHILD WITH SEVERE AND MULTIPLE HANDICAPS

Grading Sheet

GRADING: 4.0 = Excellent (A)
3.6 = A-
3.5 = B+
3.0 = Good (B)

Student: _____

Program: _____

	GRADE	WEIGHT	SUBTOTAL
1. **DESCRIPTION OF THE CHILD:** a. child's age b. diagnosis if known and medical status c. educational setting(s) d. family situation	____	x 1 =	_____
2. **IDENTIFICATION OF INTERDISCIPLINARY SERVICES:** a. core planning team members, frequency of contact, funding source(s) b. expanded team members, frequency of contact, funding source(s)	____	x 1 =	_____
3. **RECORD REVIEW AND SUMMARY STATEMENT OF INTERDISCIPLINARY ASSESSMENTS AND SERVICES:** a. educational records - including IEP b. I-Team records c. pertinent medical records d. therapy records e. psychological reports f. other reports - vision, hearing, etc.	____	x 2 =	_____
4. **ASSESSMENT:** a. parent inventory and needs assessment b. child-assessment - choose one of the following areas to be assessed by you: 1. motor- gross and fine 2. self-help or oral motor 3. functional use of vision/hearing c. daily routines/setting of current environments d. ecological analysis of future environments e. discrepancy analysis f. identify priority needs, including the need for further assessment	____	x 4 =	_____
5. **ACTION PLAN:** The action plan will be formulated with the team and could address an instructional program, transition program, dissemination program (family information and training), comprehensive evaluation, IEP development, lesson plan adaptation, case coordination or home-based or community-based consultation.	____	x 4=	_____
6. **EVALUATION OF ACTION PLAN STRATEGY:** a. satisfaction of team members b. personal reactions	____	x 2 =	_____
7. **DISCUSSION:** Elaborate on and summarize your case study and its results. This section should include references to the literature and discussion of the broader issues of providing services to children with multiple handicaps.	____	x 3 =	_____

MAXIMUM POSSIBLE SCORE IS 68. DIVIDE THE STUDENT'S TOTAL SCORE BY 17 TO DETERMINE GRADE.

APPENDIX C

Consultation Experience and Family-Based Practicum Outlines

On-site Observation Assignments

One component of the Practicum Seminar will include observing each others' practicum sites. The major objectives of this component are the following:

1. to become acquainted with the nature of each others' practicum settings;

2. to develop consultation skills such as observing children in different settings, communicating your observations to other professionals, and developing intervention strategies both individually and as a member of a team;

3. to develop organizational skills such as defining a visiting consultant's role, organizing a consultant's visit, and implementing a consultant's recommendations.

In order to accomplish these objectives, each student will organize, host, and lead a discussion of her peers' visits to her practicum site.

Organizing on-site visits

Over the course of the year, each student will organize a practicum site visit for the other practicum seminar students to observe her program. These visits may be done individually, in small groups, or as a whole class, depending on what would be least intrusive to the site and most convenient for the other practicum students.

In preparation for the visits, the host student will identify and communicate (both orally and in writing) to the other students a focus for their observations <u>at least one week prior to the visits</u>. This focus might include the behavior of a particular child or group of children in an integrated setting, the effectiveness of the environment in facilitating the program's goals, teacher-child interaction patterns, etc. She will share background information relevant to the issue under observation. The host student will also discuss the identified focus of observation with her cooperating teacher and with parents when appropriate.

Hosting on-site visits

The host student will determine a schedule for the visits which is acceptable to the cooperating teacher and practical for the other practicum students and will be prepared to tell the students who to contact in order to arrange their on-site observations <u>at least one week prior to the visits</u>. She will be prepared to facilitate the on-site visits, so

that they will be as unintrusive to the operation of the program as possible.

Discussing on-site visits

Following the visits, the host student will lead a group discussion of the observations and will invite her cooperating teacher and parents when appropriate to participate in the discussion. She will facilitate the development of a set of recommendations based on the group's observations. If the cooperating teacher and parents were unable to participate in the group discussion, the host student will share the group's recommendations with them as soon as possible.

Follow-up

Although we have not scheduled formal sessions for follow-up, we will leave time during the following class whose topic is an on-site visit for a follow-up of the effectiveness of the previous class' recommendations.

This semester's on-site visits

If possible, I would like to meet with those students whose on-site visits are scheduled for this semester in the next couple of weeks. We have tentatively scheduled classes for discussions of on-site visits for the following student's sites:

Shari	October 15
Karen	October 22
Joy	November 12
Lauri	November 26

During this meeting, we will discuss the particulars of arranging the on-site visits and some strategies for staying in touch with each other. If, however, you have any concerns or questions that can't wait, please feel free to call me at my office (656-4165) during the day or at home evenings (864-4847).

PARENT TO PARENT OF VERMONT

EXPERIENTIAL LEARNING

"We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time."

T.S. Eliot, "Four Quartets"

This practicum is based on the Experiential Learning Model. In experiential learning the responsibility for your learning lies with you, not with your advisor or the practicum coordinator. Johnson and Johnson, in the book Joining Together, state, "In experiential learning situations you need to become aware and aggresive in your learning role..." You must give direction and thought to the actions needed on your part to acquire the skills and insights you determine are most important for you to gain through this experience.

Learning occurs through the combination of experience, the opportunity to receive feedback on our behavior, and enough time to reflect on and examine our experiences. The family practicum and class lectures have been structured to provide you with both practical experience, small group discussions, and constructive feedback from your peers, faculty, and parents of children with special health needs.

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PARENT TO PARENT OF VERMONT

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This practicum is based on the Experiential Learning Model. In Experiential Learning, the responsibility for learning lies with each individual. You must give direction and thought to the actions needed on your part to acquire the skills and insights you determine are most important for you to gain through this experience.

Purpose - The purpose of the practicum is in providing students with the opportunity to learn directly from a family rather than from reading or attending lectures about families. (Certainly lectures and written material will be used to supplement the student's experiences with their family, but the heart of the experience is in what happens between students and families on a weekly basis.)

Expectations - Students will be asked to keep a journal to record their own growth and development throughout the practicum. Parent to Parent staff will review these journals monthly. Families, as well, may want to write down their own thoughts about the experience. This may be useful in reviewing, with students, the progress families are making towards their goals.

Timeline:

October 1st	Initial student/family orientation.
October 12th	By this time, students and families should have established a regular weekly schedule for the academic year. Students and families should have shared preliminary goals.
November 1st	Family goals and student goals should be clearly understood by both parties.
November 19th	Checkpoint. Parent to Parent staff will contact students and families for your thoughts, thus far. How is it going? Any changes? Suggestions?, etc.

An informal family evening will be scheduled sometime in January. We also plan an end-of-the-year pot luck in May for all participating families and students. More information on both these events will follow.

We welcome all your comments about the practicum throughout the year. We hope you will enjoy this experience and we thank you all for devoting your time and energy to its success.

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FAMILY BASED OUTLINE

This practicum places most of these students in a completely new role with a family. While they may have previous work experience with families and children, none of them have ever been involved in a family-directed learning experience.

The Students have been given an outline to use as a guide in documenting their participation in the Practicum. Students are required to complete some sections of the outline independently, while others are to be completed by students and families together.

The outline addresses the following areas:

I Family Portrait-simple statement about who their family is, relative to their participation in this project.

II Family Goals-What does the family hope to get out of this experience? Examples include, more free time, assistance with specific special needs, time alone with other children in family, etc.

III Strategies-For meeting family priorities -how will students make these things more possible?

IV Student Goals-A precise statement of a student's own goals in order to make each families' priorities become a reality.

V Evaluation Plan-A description of how and when families and students will determine whether their goals are being realized. e.g. Is this working?

VI Interaction Log-Students are required to maintain a journal documenting how they have spent their time with families.

VII Discussion-On going discussion with Parent to Parent, families, and student's graduate advisor.

Confidentiality is the first priority! Students have been briefed on the importance of respecting your privacy and maintaining confidentiality at all times. Each student and their family will work through items I, II, III, IV, V and VII together.

Please call us, any time with questions and comments about your experience with this program. What students will gain from you and your family cannot be learned in any other way.

APPENDIX D

Early Intervention Specialist Competencies

1. Infant and Toddler Development

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
Developmental Sequences						
1.1 knowledge of pre and perinatal development.						
a. proper care and delivery.						
b. effects of genetics, environment, maternal health and nutrition, and other factors on the developing fetus.						
1.2 knowledge of infant and toddler development.						
a. sequences of development and the interrelationship among developmental areas.						
b. sensory and motor development and their influence on later cognitive, perceptual, and language skills.						
c. the development of receptive and expressive communicative competence.						
d. the development of perceptual learning and skills.						
e. motivation and initiation and their developmental significance.						
f. the development of cognitive skills such as problem-solving, concept formation, memory, learning, imitation and attention.						
g. socialization, socioemotional development, and play behavior.						
h. the development of self-help skills and adaptive behaviors.						
i. physical maturation of the infant and toddler, including health and nutritional needs.						

1. Infant and Toddler Development (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
Impact of Environment						
1.3 knowledge of interactions among familial, cultural, social, and physical environments that enhance an infant's and toddler's development and prevent an infant and toddler from achieving maximum growth and development.						
a. social and physical environments and their influences on the developing infant and toddler.						
b. the changing environmental needs of the developing infant and toddler.						
c. the influence of the infant and toddler on physical and social environments.						
1.4 knowledge of theory and research in typical infant development.						
a. major theories of infant development.						
b. relevant research in developmental processes.						
Impact of Medical, Biological and Genetic Conditions						
1.5 knowledge of pre and perinatal developmental risk.						
a. the effects of risk factors such as family history or behavior, medical complications, and gestational age.						
b. medical, biological and genetic conditions evidenced at birth.						
1.6 knowledge of risk factors and their effects on early development.						
a. medical and biological conditions that develop after birth.						

1. Infant and Toddler Development (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE						
	Review Dates						Comments
b. specific implication of the infant's and toddler's special developmental needs on the development of socioemotional, sensory, motor, language, cognitive, perceptual, and self-help/adaptive skills.							
1.7 knowledge of research related to risk factors and infant and toddler development.							

2. Legislation

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
<u>State Legislation</u>						
2.1 knowledge of Vermont's Act 266.						
a. the identification of agencies/programs that provide services to children at risk for school failure and their families.						
b. the identification of and discussion of the implications of the legislature's plan for implementing Act 266.						
2.2 ability to identify and discuss the relationship between Vermont's Act 266 and P.L. 99-457.						
<u>Federal Legislation</u>						
2.3 knowledge of issues related to the Part H program of P.L. 99-457.						
a. the legislative context in which the act was passed.						
b. the intent of congress.						
c. requirements for funds under Part H grants.						
d. timelines for activities authorized under Part H.						
2.4 ability to relate the requirements of Part H to his/her own discipline and describe specific implementation activities from the perspective of that discipline.						
2.5 ability to identify and discuss issues related to the implementation of P.L. 99-457.						
<u>Impact of Legislation on Practice</u>						
2.6 ability to identify discrepancies between existing program policies and those required by P.L. 99-457.						

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2. Legislation (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
2.7 ability to identify strategies for changing existing program policies and practices.						
2.8 ability to identify and discuss the relationship between Part H and Part B services, specifically with regard to the transition planning process.						
2.9 ability to describe how each of the fourteen minimum components of Part H fits into Vermont's service delivery system.						

3. Family Systems

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
3.1 knowledge of the major elements of family systems (e.g., family resources, characteristics of the family, characteristics of individual family members, methods of meeting the needs of individual family members).						
3.2 understanding of the relationships between family members and family subsystems (marital, parental, sibling, extra familial).						
3.3 understanding of needs which families must address on an ongoing basis (e.g., need for housing, food).						
3.4 knowledge of the family life cycle or the sequence of changes that occur in families as they progress through major life stages.						
3.5 knowledge of factors that affect family functioning (e.g., birth of child with a disability, availability of support).						
3.6 knowledge of diverse cultural influences in family style.						
3.7 ability to interact with families in a cultural competent manner.						

4. Family-Centered Approach

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
4.1 ability to identify and discuss the implication of the principles underlying a family-centered approach to service delivery.						
4.2 ability to identify program policies and practices that are not consistent with the family-centered approach.						
4.3 ability to evaluate personal strengths and needs related to working with families and develop an action plan to address personal development needs.						
4.4 ability to provide services that are consistent with the family-centered approach.						
4.5 characteristics of a family-centered early intervention practitioner.						
a. creates opportunities for the family to share concerns, priorities and resources.						
b. recognize and build upon family-identified strengths and abilities, communicate with families in a culturally competent manner.						
c. gather information from families in a way that is comfortable for family members.						
d. encourage families to identify informal networks and utilize them for support.						
e. promote the acquisition of parent knowledge, skills, and confidence.						
f. acknowledge and respond to any family identified needs.						
g. include families in all planning and decision-making activities at whatever level families choose to participate based on their values, resources, and priorities.						

4. Family-Centered Approach (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
h. facilitate the development of assessment and intervention plans that respect family values and styles of decision making and are shaped by family priorities and information needs as well as by child characteristics and diagnostic concerns.						
i. provide services that minimize disruption in daily family schedules or activities.						
j. coordinate appointments with other service providers.						
k. offer help that matches the family's appraisal of their needs.						
l. strengthen family-community linkages.						
m. allow reciprocity.						
n. recognize that a family's information needs change over time.						
o. respond to a family's changing information needs by providing information through a variety of appropriate learning models.						
p. provide opportunity for families to give feedback regarding the services they receive and the manner in which the services are provided.						
q. act upon the feedback provided to them by the families with whom they work.						
r. seek input from families regarding changes in policies that govern the delivery of services.						
s. say they don't know, when they don't know.						

5. Assessment

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
Child Find						
5.1 knowledge of child find procedures.						
5.2 ability to develop and implement a comprehensive child find system.						
a. promote community awareness.						
b. identify other agencies and coordinate activities to establish an active referral system.						
c. participate in the implementation of a state-wide tracking system.						
Screening						
5.1 knowledge of screening instruments and procedures.						
5.2 ability to develop and implement a comprehensive community-wide screening system.						
a. coordinate with screening activities of other community agencies.						
b. provide opportunities for all families to learn more about their child's development and community resources.						
c. gather information from a variety of sources, including interviews with parents, observing the children and administering valid and reliable instruments.						
d. interpret and discuss screening results with parents to determine next steps, such as rescreening, referrals to other community resources or further evaluation(s).						

5. Assessment (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
Comprehensive Evaluation						
5.1 knowledge of a variety of appropriate assessment instruments and procedures for infants and toddlers who are potentially eligible.						
5.2 ability to implement reliable and valid evaluation procedures which incorporate multimeasure, multisource and multidomain information-gathering activities to determine eligibility and to develop the IFSP.						
a. establish an evaluation team which includes family members and representatives from those disciplines necessary to design and assure full implementation of an evaluation plan.						
b. gather information from multiple sources including families and other individuals who know the child.						
c. determines family concerns, priorities and resources as they relate to the child's development.						
d. gather information from multiple measures that may include standardized tests, curriculum and judgement-based assessments, observations in naturalistic settings and formal and informal interview procedures.						
e include a variety of formal and informal instruments/procedures for gathering information relevant to family and environmental factors, including parent-child interaction, child-environment interaction, the physical and social environment, and family concerns, priorities and resources as they relate to the child's development.						
f. adapt assessment materials for children with qualifying factors such as handicapping conditions or cultural differences without violating assessment protocol.						

5. Assessment (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
5.3 ability to interpret and discuss evaluation information with families and others in a manner that is clear and understandable and that supports the child and family.						
5.4 ability to discuss evaluation information with the family to determine if additional consultation and assessment are needed, the child's eligibility for services, and the content of the IFSP.						

6. Planning Services

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
6.1 knowledge of current trends and practices in medical intervention of eligible infants and toddlers and their families.						
6.2 knowledge of current trends and practices in therapeutic, developmental and educational intervention for eligible infants and toddlers and their families.						
6.3 knowledge of current trends and practices in evaluating programs for eligible infants and toddlers and their families.						
6.4 knowledge of various early intervention service delivery models, including strengths and limitations of those models.						
6.5 knowledge of the components of a comprehensive, early intervention service delivery system for eligible infants and toddlers and their families.						
6.6 ability to articulate and implement "best practices" of a comprehensive early intervention service delivery system.						
6.7 ability to integrate current laws, regulations and "best practices" into the development and implementation of a comprehensive early intervention service delivery system.						
6.8 ability to articulate varying philosophies of early intervention including related goals and intervention strategies.						
6.9 ability to develop, in partnership with family members and other professionals, a curriculum philosophy and goals for an early intervention program.						
6.10 knowledge of the legal, philosophical, developmental and ecological foundations of early intervention practices and their impact upon planning, implementing and evaluating services.						

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6. Planning Services (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
6.11 knowledge of and ability to administer a number of commercially available norm-based, criterion-based and curriculum-based curricula for enhancing infant and toddler development and skill acquisition.						
6.12 ability to plan, implement and evaluate early intervention services based upon family-identified concerns, priorities and resources.						
6.13 ability to modify or adapt curricular goals, skills and/or activities to address the individual needs of the young child and family.						

7. Individualized Family Service Plan (IFSP)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
7.1 ability to articulate the philosophical and conceptual framework for developing IFSPs.						
7.2. knowledge of the legal and regulatory requirements of P.L. 99-457 relative to IFSP development.						
7.3 ability to identify and discuss the components of an IFSP.						
7.4 ability to develop a statement identifying family concerns, priorities and resources related to enhancing the development of their child.						
7.5 ability to develop, implement, monitor, and evaluate an IFSP.						
7.6 ability to identify and discuss issues related to developing, implementing, monitoring, and evaluating IFSPs (e.g., the family-centered approach, teaming, collaborating with other agencies and service providers, formulating transition plans, supporting family priorities, flexibility of services).						

8. Service Coordination

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
8.1 ability to discuss various definitions of service coordination and describe its evolution in the field of developmental disabilities.						
8.2 ability to identify and discuss values underlying service coordination.						
8.3 ability to describe the activities and responsibilities associated with the service coordination role.						
8.4 ability to apply knowledge of service coordination to the role of service coordinator in developing, implementing, monitoring and evaluating an IFSP.						
8.5 ability to support a family's role in service coordination.						

9. Collaborative Teaming

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
<u>Interagency Collaboration</u> 9.1 knowledge of community resources (programs and services available for families and how to network with those resources).						
9.2 knowledge of roles and functions of families and individuals representing varying disciplines and agencies that comprise an early intervention team.						
9.3 ability to establish and maintain effective family and interagency cooperation.						
9.4 ability to collaboratively develop, implement and evaluate interagency agreements with a variety of agencies that comprise an early intervention team.						
<u>Team Collaboration</u> 9.5 knowledge of a variety of models for team organization and leadership.						
9.6 knowledge of varying adult learning styles.						
9.7 knowledge of and sensitivity to diverse cultural, socioeconomic, developmental, and psychological influences on team members.						
9.8 ability to facilitate team meetings which include family members and professionals from different disciplines						
9.9 ability to engage in appropriate interpersonal communication skills and problem-solving skills with family members and other team members.						
9.10 ability to plan and work cooperatively as a member of an early intervention team involving families, multiple agencies and disciplines.						

9. Collaborative Teaming (con't)

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
9.11 ability to evaluate one's strengths and needs as a member of the team. 9.12 ability to provide other team members with feedback on team functioning.						

10. Consultation and Training	EVALUATION OF STUDENT PERFORMANCE					
COMPETENCY	Review Dates					Comments
10.1 knowledge of the roles and functions of a consultant, including situations when this role is or is not appropriate in the provision of services.						
10.2 knowledge of research and principles of adult learning and development.						
10.3 ability to plan, implement, and evaluate training activities for promoting the acquisition of new knowledge or skills by family members or other professionals.						
10.4 ability to establish, implement, and maintain a consultative relationship with family members and other professionals in the provision of early intervention services.						

11. Program Administration

COMPETENCY	EVALUATION OF STUDENT PERFORMANCE					
	Review Dates					Comments
11.1 ability to formulate and follow a professional code of ethics and assume associated responsibilities.						
11.2 knowledge of the components of various early intervention service delivery models, including the professionals, management systems, facilities, program materials, and budgetary resources required to implement the services.						
11.3 knowledge of major sources of federal and state funds supporting early intervention services						
11.4 ability to analyze the resources and needs of a community.						
11.5 ability to participate in the implementation and evaluation of an early intervention program.						
11.6 ability to collaboratively select and train program staff.						
11.7 knowledge of issues in management of fiscal responsibilities.						
11.8 ability to plan and conduct comprehensive, formative and summative evaluations of early intervention services.						
11.9 ability to advocate for and with families and their children.						
11.10 ability to evaluate personal strengths and needs as a program administrator, developer and advocate.						
11.11 ability to clearly articulate issues related to establishment, implementation and evaluation of an early intervention program.						